

## Open Enrollment Dependent Change

To add or drop a dependent you must fill out the information requested below and call the Open Enrollment Phone System (see page 34 Benefits Choices 2000 booklet). The change will be effective January 1, 2000.

**Print and return by close of business, November 16, 1999,** to the Benefits Customer Service Center (BCSC), Sandia National Laboratories, P.O. Box 5800, Albuquerque, NM, 87185-1022, Attn: Benefits Customer Service, MS 1022, or fax to 844-7535. If you have any questions, call the BCSC at 505-845-BENE (2363).

Your Name \_\_\_\_\_

Social Security Number (SSN) \_\_\_\_\_ Work Phone \_\_\_\_\_

Is your spouse a Sandia employee or retiree? ☐ Yes ☐ No If yes, spouse's SSN \_\_\_\_\_

Dependent SSN \_\_\_\_\_ Dependent Name \_\_\_\_\_

Dependent Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Relationship to you \_\_\_\_\_

Change: ☐ Add ☐ Drop ☐ Class I ☐ Class II

Reason for Change: \_\_\_\_\_

Please check all that apply: ☐ Medical Plan ☐ Dental Expense Plan ☐ Dental Deluxe Plan ☐ Vision Plan

Dependent SSN \_\_\_\_\_ Dependent Name \_\_\_\_\_

Dependent Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Relationship to you \_\_\_\_\_

Change: ☐ Add ☐ Drop ☐ Class I ☐ Class II

Reason for Change: \_\_\_\_\_

Please check all that apply: ☐ Medical Plan ☐ Dental Expense Plan ☐ Dental Deluxe Plan ☐ Vision Plan

Dependent SSN \_\_\_\_\_ Dependent Name \_\_\_\_\_

Dependent Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Relationship to you \_\_\_\_\_

Change: ☐ Add ☐ Drop ☐ Class I ☐ Class II

Reason for Change: \_\_\_\_\_

Please check all that apply: ☐ Medical Plan ☐ Dental Expense Plan ☐ Dental Deluxe Plan ☐ Vision Plan

Your Signature \_\_\_\_\_